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CONFIRMATION NO. 6289

SERIAL NUMBER 10/015,030	FILING OR 371(c) DATE 12/11/2001 RULE	CLASS 375	GROUP ART UNIT 2637	ATTORNEY DOCKET NO. 026-0013
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/302,912 07/03/2001

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/28/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CANADA	SHEETS DRAWING 13	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 6
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ADDRESS
22120

TITLE
Method and apparatus for determining a loss of signal condition

FILING FEE RECEIVED 1406	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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